

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## SUPPLEMENTAL COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	invention entitled:									
nsert Title:	METHOD AND DEVICE	FOR MANUF	ACTURING PELLETS OF	FHOT-MELT INK						
Fill in Appropriate Information - For Use Without	the specification of which the specification was United States Applic		as ;							
Specification	and amended on	; (if applicable) and/or								
Attached:	the specification was		as PCT							
	International Applica	as PCT; and was(if applicable)								
	amended under PCT Article 19 on									
Insert Priority Information: (if appropriate)	amended by any amendm I acknowledge the Regulations, §1.56. I do not know and d thereof, or patented or d year prior to this applica prior to this application, date of this application representative or assigns	ent referred to duty to disclo on the believe the scribed in an tion, that the that the invenin any count more than twicate on this i legal represented below and the application(s)	o above.  se information which is  the same was ever known  y printed publication in  same was not in public  tion has not been patent  ry foreign to the Unite  velve months (six month  nvention has been filed  tatives or assigns, except  nefits under Title 35, Uni  d have also identified belon  on which priority is cl	material to patentability as defined any country before my or our investiges or on sale in the United States of America or on sale in the United States ed or made the subject of an invention of States of America on an application any country foreign to this application any country foreign to the United as follows.  Ited States Code, §119(a)-(d) of any ow any foreign application for paternamed:  February 23, 2001  (Month/Day/Year Filed)  (Month/Day/Year Filed)	ed in Title 37, Coordinate of America before my or of America more to or's certificate issuation filed by me ion, and that no as a Server of America.	le of Feder our invention ore than on han one ye ed before to or my legoplication in prior to the (s) for pate ificate havi				
	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No				
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.									
Insert Provisional Application(s): (if any)	(Application Number)	· · · · · · · · · · · · · · · · · · ·		(Filing Date)						
	(Application Number)			(Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior the Filing Date of This Application:									
	Country		Application Number	Date of Filing (Mo	onth/Day/Year)					
Insert Requested Information: (if appropriate)										
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below a insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or P application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclinformation which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became availabetween the filing date of the prior application and the national or PCT international filing date of this application.									
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)	(Status - patented	, pending, abandor	ned)				
Page 1 of 2(Rev. 06/29)	(Application Number)		(Filing Date)	(Status - patented	, pending, abandor	ned)				

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

II Name of First or Sole Inventor: sort Name of Inventor sert Date This Document is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	,1	DATE*					
nventor → sert Date This Document is Signed	Peter Joseph HOLLANDS	Peter Holling	105	03-27-	04				
sert Residence	Residence (City, State & Country)	.1	CITIZENSHIP						
sert Citizenship →	PT BAARLO, The Netherlands		The Netherlan	nds					
sert Post Office Address →		DDRESS (Complete Street Address including City, State & Country)							
	Diepenbroeklaan 11, 5991 PT BAARLO, The Netherlands								
ull Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above	Wilhelmus Antonius Maria SCHREURS	Wilhelms AM Sr W	NEUN5	03-26-6	<u>02</u>				
	Residence (City, State & Country)		CITIZENSHII						
	BA TEGELEN, The Netherlands		The Netherlar	nds					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	Kenzenstraat 9, 5935 BA TEGELEN, The Netherlands								
ull Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, il any: see above	Guido Gerardus WILLEMS	Gudo G Willems		03-26-0	5				
	Residence (City, State & Country)		CITIZENSHII						
	VS VENLO, The Netherlands		The Netherla	nds					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	Ruijsstraat 122, 5921 VS VENLO, The Netherlands								
Full Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above	Antonius Johannes Jozef VAN GERVEN	Antonius 1.1 var	Gerven	03.29-0	22				
	Residence (City, State & Country)	- <del> </del>	CITIZENSHI	IP					
1	_	The Netherlands							
	AK GRUBBENVORST, The Netherlands								
	MAILING ADDRESS (Complete Street Address		1						
Full Name of Fifth Inventor, if any:	MAILING ADDRESS (Complete Street Address			DATE*					
Full Name of Fifth Inventor, if any: see above	MAILING ADDRESS (Complete Street Address Burgemeester van Leentstraat 92, 5971 AK GRU	BBENVORST, The Netherlands INVENTOR'S SIGNATURE	ę kers	DATE*	)2				
Inventor, if any:	MAILING ADDRESS (Complete Street Address Burgemeester van Leentstraat 92, 5971 AK GRU GIVEN NAME/FAMILY NAME	BBENVORST, The Netherlands INVENTOR'S SIGNATURE	e kers Citizenshi	O3-27-0	)2				
Inventor, if any:	MAILING ADDRESS (Complete Street Address Burgemeester van Leentstraat 92, 5971 AK GRU GIVEN NAME/FAMILY NAME Reinier Jan RAMEKERS Residence (City, State & Country) BM OOSTRUM, The Netherlands	INVENTOR'S SIGNATURE Reinier Jon Ram	ę kers	O3-27-0	)2				
Inventor, if any:	MAILING ADDRESS (Complete Street Address Burgemeester van Leentstraat 92, 5971 AK GRU GIVEN NAME/FAMILY NAME Reinier Jan RAMEKERS Residence (City, State & Country)	INVENTOR'S SIGNATURE Reinier Jon Ram	e kers Citizenshi	O3-27-0	)2				
Inventor, if any:	MAILING ADDRESS (Complete Street Address Burgemeester van Leentstraat 92, 5971 AK GRU GIVEN NAME/FAMILY NAME Reinier Jan RAMEKERS Residence (City, State & Country) BM OOSTRUM, The Netherlands	BBENVORST, The Netherlands INVENTOR'S SIGNATURE Reinier Jan Ram sincluding City, State & Country)	e kers Citizenshi	O3-27-0	)2				
Inventor, if any:	MAILING ADDRESS (Complete Street Address Burgemeester van Leentstraat 92, 5971 AK GRU GIVEN NAME/FAMILY NAME Reinier Jan RAMEKERS Residence (City, State & Country) BM OOSTRUM, The Netherlands MAILING ADDRESS (Complete Street Address	BBENVORST, The Netherlands INVENTOR'S SIGNATURE Reinier Jan Ram sincluding City, State & Country)	e kers Citizenshi	O3-27-0	)2				
Inventor, if any: see above  Full Name of Sixth Inventor, if any:	MAILING ADDRESS (Complete Street Address Burgemeester van Leentstraat 92, 5971 AK GRU GIVEN NAME/FAMILY NAME Reinier Jan RAMEKERS Residence (City, State & Country) BM OOSTRUM, The Netherlands MAILING ADDRESS (Complete Street Address Randenraden 62, 5807 BM OOSTRUM, The Netherlands	BBENVORST, The Netherlands INVENTOR'S SIGNATURE Reinier Jon Ram sincluding City, State & Country) therlands	e kers Citizenshi	DATE*  O 3 - 27 - 0  IP  ands  DATE*	)2				
Inventor, if any: see above  Full Name of Sixth Inventor, if any:	MAILING ADDRESS (Complete Street Address Burgemeester van Leentstraat 92, 5971 AK GRU GIVEN NAME/FAMILY NAME Reinier Jan RAMEKERS Residence (City, State & Country) BM OOSTRUM, The Netherlands MAILING ADDRESS (Complete Street Address Randenraden 62, 5807 BM OOSTRUM, The Netherlands GIVEN NAME/FAMILY NAME	BBENVORST, The Netherlands  INVENTOR'S SIGNATURE  Reinier Jon Ram  including City, State & Country)  therlands  INVENTOR'S SIGNATURE	e key's CITIZENSHI The Netherla	DATE*  O 3 - 27 - 0  IP  ands  DATE*	)2				